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K&L Gates LLP
P.O. Box 1135
Chicago, IL 60690-1135

EXAMINER	
RAPILLO, KRISTINE K	
ART UNIT	PAPER NUMBER
3626	

NOTIFICATION DATE	DELIVERY MODE
01/21/2010	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

chicago.patents@klgates.com

Office Action Summary	Application No.	Applicant(s)	
	10/749,102	SIMPSON ET AL.	
	Examiner	Art Unit	
	KRISTINE K. RAPILLO	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *10 September 2009*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-58* is/are pending in the application.

4a) Of the above claim(s) *15,16,19 and 29* is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-14,17,18, 20-28, and 30-58* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☒ The drawing(s) filed on *8/4/2008* is/are: a)☒ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date *8/6/2004; 9/19/2005; 6/23/2006*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed September 10, 2009. Claims 1 – 5, 7 – 9, 11 – 12, 14, 17 - 18, 21 – 23, 25 – 27, 30, 37, 39 - 43, 47 - 49, and 52 - 53 are amended. Claim 29 is cancelled (claims 15 – 16 and 19 were previously cancelled). Claims 1 – 14, 17 – 18, 20 – 28, and 30 – 58 are presented for examination.

Claim Rejections - 35 USC § 112

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. Claims 1 and 37 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. It is unclear what is causing the device to perform the actions recited in the claims. For instance, in claim 1 it is unclear what is "causing a medical device to generate...."'; as the claim is currently presented, a person could reasonably be interpreted as causing the device to act. Claims 2 - 14, 17 - 28, and 30 – 52 are rejected for the same or similar reasons based on their dependency on claims 1 and 37.

4. Claim 27 recites the “third signal” in the limitation "in causing the central computer to relay the third signal to the first clinician’s device”. There is insufficient antecedent basis for this limitation in the claim.

5. The 35 U.S.C. 112, second paragraph rejections of claims 1 and 37 are hereby withdrawn based upon the amendment submitted September 10, 2009.

Claim Rejections - 35 USC § 103

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

7. Claims 1 – 14, 17 – 18, 20 – 28, and 30 – 58 are rejected under 35 U.S.C. 103(a) as being unpatentable over Reuss, herein after Reuss (U.S. Patent Number 6,364,834) in view of Dempsey et al., hereinafter Dempsey (U.S. Patent Number 6,057,758).

In regard to claim 1 (Currently Amended), Reuss teaches a method for executing at least one of an alarm or an alert escalation process within a healthcare system comprising the steps of:

causing a medical device to generate a signal that at least one of an alarm or an alert condition exists for a specific patient (column 3, lines 35 – 44 and column 9, lines 33 – 37);

causing the medical device to send the signal to a central computer (column 4, lines 12 – 14 and column 4, lines 22 – 41);

causing the central computer to determine if a first clinician's device is active (column 9, line 59 through column 10, line 5; column 10, lines 26 – 48; and claim 23; Reuss discloses a method of contacting an alternative recipient if a response from a primary recipient is not generated within a predefined time period, therefore, the device of the primary recipient can be deemed inactive); and

if the central computer determines that the first clinician's device is active (column 10, lines 26 - 48 and claim 23):

causing the central computer to relay the signal relating to the alarm or alert condition to the first clinician's device (column 16, lines 58 – 61);

causing the first clinician's device to indicate the alarm or alert condition (column 16, line 62 through column 17, line 3; where static text and graphics are displayed on a built-in LCD display using, but not limited to, a PDA. The Alarm or alert condition is indicated on a clinician’s device, regardless of the clinician - first, second or charge clinician. The method of indicating the alarm or alert is performed in the same manner);

causing the central computer to escalate the signal if a response to the alarm or alert condition is not received prior to a predefined timer limit (column 9, line 62 through column 10, line 5), wherein

escalating the signal includes transmitting the signal to a second clinician's device and while maintaining the signal sent to the first clinician's device (column 15, line 66 through column 16, line 14 and claim 23; where Reuss discloses transmitting a message (i.e. alarm or alert) to one or a group of remote access devices).

Dempsey teaches a method comprising the steps of: displaying the specific patient's name and an alarm or alert icon (Figure 3) related to the alarm or alert condition on a list interface which contains a list of all patients (column 8, lines 47 – 61), including the specific patient (column 7, lines 6 - 19) for which signals relating to alarm or alert conditions have been sent to the first clinician's device (column 7, lines 48 - 62) and alarm or alert icons related to each respective patient on the list (column 5, lines 5 – 17), wherein each patient name and corresponding icon is a hyperlink to a respective pump alarm details interface screen (column 6, lines 20 – 34 and column 7, lines 6 – 19) and causing the central computer to operate a timer (Figure 8 and column 13, lines 14 – 15).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method comprising the steps of: displaying the specific patient's name and an alarm or alert icon related to the alarm or alert condition on a list interface which contains a list of all patients, including the specific patient for which signals relating to alarm or alert conditions have been sent to the first clinician's device and alarm or alert icons related to each respective patient on the list, wherein each patient name and corresponding icon is a hyperlink to a respective pump alarm details interface screen and causing the central computer to operate a timer as taught by Dempsey, within the method of Reuss, with the motivation of allowing a health care provider a tool to receive prompt medical attention, based on an out of tolerance reading from a medical device, in a timely manner by alerting a health care provider (column 6, lines 49 – 65).

In regard to claim 2 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the step of causing the central computer to transmit the signal to the first clinician's device comprises sending a wireless signal to the first clinician's device (column 12, lines 13 – 15).

In regard to claim 3 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the step of causing the central computer to transmit the signal to the first clinician's device comprises sending the signal to one of a mobile phone, a pager, an e-mail address, an instant messaging receiver or a conventional telephone (column 15, lines 55 – 60).

In regard to claim 4 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the step of causing the central computer to transmit the signal to the first clinician's device comprises sending the signal simultaneously to one of a mobile phone, a pager, an e-mail address, an instant messaging receiver or a conventional telephone (column 13, line 64 through column 14, line 1 and column 15, lines 55 - 60).

In regard to claim 5 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method further comprising the step of causing the central computer to transmit the signal to a charge clinician (Column 5, lines 54 – 64). Reuss teaches a method in which a first signal is sent to a primary health care provider. If no response, a signal is sent to an alternative recipient. Alternative recipients encompass “charge clinicians" as well as other health care providers.

In regard to claim 6 (Original), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the signal of the alert or alarm condition transmitted to the clinician's device comprises at least one of a condition description, a time, a date, a clinician identification, a patient name, a room identification, a bed identification and a prescription (column 3, lines 40 – 44).

In regard to claim 7 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the step of causing the central computer to escalate the signal comprises providing a visual warning on the first clinician's device (column 8, lines 61 – 62).

In regard to claim 8 (Previously Presented), Reuss and Dempsey teach a method of claim 7. Reuss teaches a method wherein the visual warning is provided in at least one of a text or symbol warning on the first clinician's device (column 16, lines 62 – 64).

In regard to claim 9 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the step of causing the first clinicians device to indicate the alarm or alert condition comprises providing a visual and audible warning at the first clinician's device (column 8, lines 61 – 62).

In regard to claim 10 (Previously Presented), Reuss and Dempsey teach a method of claim 9 of providing a visual or audible alarm.

Dempsey teaches a method comprising the step of allowing the audible signal to be silenced on the first clinician’s device (Figure 8 and column 13, lines 14 – 23).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include the step of allowing the audible signal on the first clinician's device to be silenced as taught by Dempsey with the motivation of allowing a health care provider the means to respond to an alarm (column 7, lines 53 – 62). Dempsey discloses a method in which silencing (or clearing) an alarm sends a response to the central computer and/or patients monitor.

In regard to claim 11 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the step of causing the first clinicians device to indicate the alarm or alert condition comprises providing a vibration notification (column 15, lines 31 – 40).

In regard to claim 12 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method further comprising the step of causing the first clinicians device to suspend the alarm or an alert escalation process following a response within the timer limit (column 5, lines 3 – 5).

In regard to claim 13 (Previously Presented), Reuss and Dempsey teach a method of claim 12. Reuss teaches a method wherein the response comprises at least one of responding on the first clinician's device or responding at a medical device exhibiting the alarm or alert condition (column 16, lines 64 – 66). Reuss discloses responding via a remote access device such as a pager (column 16, lines 58 - 60).

In regard to claim 14 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the step of causing the central computer to escalate the signal if a response to the indicated condition is not received prior to a predefined timer limit (column 9, line 59 through column 10, line 5).

In regard to claim 17 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the response comprises at least one of responding on either the first or second clinician's device, or responding at a medical device exhibiting the alarm or alert condition (column 16, lines 64 – 66). Reuss discloses responding to an alarm/alert via a pager; the process of responding to an alarm or alert is the same regardless of who is responding (i.e. first or second clinician) - column 16, lines 58 – 60.

In regard to claim 18 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method further comprising the step of causing the first clinicians device to clear all notifications when a response is provided at the medical device (column 10, lines 17 – 20).

In regard to claim 20 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method further comprising the step of causing the central computer to transmit the signal to the second clinician's device if the first clinician's device is not active (column 9, line 65 through column 10, line 2 and claim 23) where Reuss discloses sending an alert/alarm to a secondary device, if the primary

device is inactive. The process of transmitting a signal to a recipient is the same regardless of the recipient. The rationale for the rejection of claim 20 can be found in the rejection of claim 1.

In regard to claim 21 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method further comprising the step of causing the central computer to transmit the signal to a charge clinician if the first clinician's device is not active (column 9, line 65 through column 10, line 2 and claim 23) where Reuss discloses sending an alert/alarm to a secondary device, if the primary device is inactive. The process of transmitting a signal to a recipient is the same regardless of the recipient. The rationale for the rejection of claim 20 can be found in the rejection of claim 1.

In regard to claim 22 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method further comprising the step of causing the first clinicians device to determine whether communication to the first clinician's device is lost (column 9, line 65 through column 10, line 2). Lost communication of a primary recipients device would initiate the alarm/alert signal to be transmitted to an alternative recipient as disclosed by Reuss (column 9, line 65 through column 10, line 5).

In regard to claim 23 (Currently Amended), Reuss and Dempsey teach a method of claim 22. Reuss teaches a method further comprising the step of causing the central computer to transmit the signal to the second clinician's device if communication to the first clinician's device is lost (column 9, line 65 through column 10, line 2). Reuss discloses a method of contacting an alternative recipient if a response from a primary recipient is not generated within a predefined time period and the delivery failed, therefore, the communication to the device of the primary recipient can be deemed lost. The process of transmitting a signal to a recipient is the same regardless of the recipient.

In regard to claim 24 (Previously Presented), Reuss and Dempsey teach a method of claim 23.

Dempsey teaches a method further comprising the step of terminating the alarm or alert condition on the clinician's device when the condition is resolved (Figure 8 and column 13, lines 14 - 24).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10 and incorporated herein.

In regard to claim 25 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method further comprising the steps of:

causing the medical device to generate a second signal relating a second alarm or alert condition exists for the same patient (column 9, lines 33 – 37; Reuss discloses medical devices, such as respiratory rates, which are monitored over time to generate a trend analysis. Thus, multiple alarm/alerts for an individual patient may be generated as the method of generating a signal is the same regardless of the number of alarms/alerts generated for an individual patient);

causing the medical device to send the second signal to the first central computer (column 4, lines 12 – 14 and column 4, lines 22 – 41; although Reuss discloses sending a signal to a computer, the method of sending the signal would remain the same regardless of the numbers of computers);

causing the central computer to relay the signal to the first clinician's device (column 16, lines 58 - 61);

causing the first clinician's device to indicate the second alarm or alert condition (column 16, lines 62 – 66; The alarm or alert condition is indicated on a clinician's device, regardless of being the first, second, or charge clinician);

causing the first clinician's device to escalate the signal relating to the second alarm or alert condition if a response to the second alarm or alert condition is not received prior to a predefined timer limit (column 9, line 62 through column 10, line 5 and claim 23).

Dempsey teaches a method comprising the steps of causing the central computer to operate a timer (Figure 8 and column 13, lines 13 - 14).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 26 (Currently Amended), Reuss and Dempsey teach a method of claim 25. Reuss teaches a method wherein the step of causing the central computer to escalate the signal relating to the second alarm or alert condition further comprises the step of causing the central computer to transmit the signal to the second clinician's device (column 12, lines 13 – 15). The process of transmitting a second alarm/alert to a second clinician is the same as the process of a first alarm to a first clinician. The steps to perform the method will not change regardless of the number of alarms generated or the number of providers.

In regard to claim 27 (Currently Amended), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method further comprising the steps of:

causing a second medical device to generate a second signal that a second alarm or an alert condition exists for a second patient (column 16, lines 2 – 15 and column 16, line 47 through column 17, line 32);

causing the second medical device to send the second signal to the central computer (column 4, lines 12 – 14 and column 4, lines 22 – 41 where the method of sending a signal is the same regardless of the device);

causing the central computer to relay the third signal to the first clinician's device (column 16, lines 58 – 61);

causing the first clinician's device to indicate the second alarm or alert condition on the clinician's device (column 16, lines 62 – 66);

causing the central computer to escalate the signal if a response is not received prior to a predefined timer limit (column 9, line 62 through column 10, line 5).

Dempsey teaches a method comprising the steps of causing the central computer to operate a timer (Figure 8 and column 13, lines 13 -14).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 28 (Currently Amended), Reuss and Dempsey teach a method of claim 27. Reuss teaches a method wherein the step of causing the central computer to escalate the signal further comprises the step of causing the first clinicians device to relay the signal to the second clinician's device (column 12, lines 13 – 15).

In regard to claim 30 (Currently Amended) Reuss and Dempsey teach a method of claim 1. Reuss teaches a method further comprising the step of providing a communication lost message on the first clinician's device when communication from the server or medical device is lost (column 9, line 62 through column 10, line 5).

In regard to claim 31 (Previously Presented), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein the first clinician's device is a personal digital assistant (column 15, lines 55 – 60).

In regard to claim 32 (Original), Reuss and Dempsey teach a method of claim 2. Reuss teaches a method wherein the wireless signal is a wireless communication link that operates within a radio frequency (column 13, line 59 through column 14, line 1).

In regard to claim 33 (Original), Reuss and Dempsey teach a method of claim 1.

Dempsey teaches a method wherein there is a many-to-many relationship between first clinicians and patients (column 8, lines 47 – 55).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method wherein there is a many-to-many relationship between first clinicians and patients as taught by Dempsey with the motivation of allowing a physician or other health care provider the means of remotely monitoring the health status of patients in their care (column 4, lines 40 - 54).

In regard to claim 34 (Original), Reuss and Dempsey teach a method of claim 1. Reuss teaches a method wherein there is a many-to-many relationship between first clinicians and charge clinicians (column 5, lines 59 – 63).

In regard to claim 35 (Original), Reuss and Dempsey teach a method of claim 12. Reuss teaches a method further comprising the step of recording data concerning the alarm or alert condition (column 9, lines 15 – 18).

In regard to claim 36 (Original), Reuss and Dempsey teach a method of claim 12. Reuss teaches a method wherein the data recorded comprises at least one of information about the alarm or alert, an identification of the clinician responsible for responding to the alarm or alert, and a time of the alarm or alert condition (column 5, lines 49 – 54).

In regard to claim 37 (Currently Amended), Reuss teaches a method for executing at least one of an alarm or an alert escalation process within a healthcare environment comprising the steps of:

causing a medical device to generate a signal that at least one of an alarm or an alert condition exists for a specific patient (column 9, lines 33 – 37);

causing the medical device to send the signal to a central computer (column 4, lines 12 – 14 and column 4, lines 22 – 41);

causing the central computer to relay the signal relating to the alarm or alert condition to a first clinician's device (column 16, lines 58 – 61);

causing the central computer to indicate the alarm or alert condition (column 16, line 62 through column 17, line 3);

causing the central computer to relay the signal relating to the alarm or alert condition to a second clinician's device (column 9, line 62 through column 10, line 5 and claim 23) and elevating the signal sent to the first clinician's device by causing the first clinician's device to use of a feature selected from the

group consisting of: (a) a larger font, and (b) a flashing display (column 8, lines 61 – 62; where Reuss discloses transmitting a message (i.e. alarm or alert) to one or a group of remote access devices).

Dempsey teaches a method comprising the steps of displaying the specific patient's name and an alarm or alert icon (Figure 3) related to the alarm or alert condition on a list interface which contains a list of all patients (column 8, lines 47 – 61), including the specific patient (column 7, lines 6 – 19), for which signals relating to alarm or alert conditions have been sent to the first clinician's device (column 7, lines 48 – 62) and alarm or alert icons related to each respective patient on the list (column 5, lines 5 – 17), wherein each patient name and corresponding icon is a hyperlink to a respective pump alarm details interface screen (column 6, lines 20 – 34 and column 7, lines 6 – 19) causing the central computer to operate a timer (Figure 8 and column 13, lines 13 -14).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 38 (Previously Presented), Reuss and Dempsey teach a method of claim 37. Reuss teaches a method wherein the first and second clinicians' devices are wireless personal digital assistants (column 15, lines 55 – 60 and claim 6) where the remote device can include, but is not limited to a PDA (column 4, lines 55 – 58).

In regard to claim 39 (Currently Amended), Reuss and Dempsey teach a method of claim 37. Reuss teaches a method wherein the step of causing the first clinicians device to relay the signal relating to the alarm or alert condition to the second clinician's device is conducted if a response to the alarm or alert condition is not received prior to a predefined timer limit (column 9, line 65, through column 10, line 5).

In regard to claim 40 (Currently Amended), Reuss and Dempsey teach a method of claim 37. Reuss teaches a method wherein the step of causing the first clinicians device to relay the signal relating to the alarm or alert condition to the second clinician's device is conducted if the first clinician's device is not active (column 9, line 65 through column 10, line 2).

In regard to claim 41 (Currently Amended), Reuss and Dempsey teach a method of claim 37. Reuss teaches a method wherein the step of causing the first clinicians device to relay the signal relating to the alarm or alert condition to the second clinician's device is conducted if communication to the first clinician's device is lost (column 9, line 65 through column 10, line 2).

In regard to claim 42 (Currently Amended), Reuss and Dempsey teach a method of claim 37. Reuss teaches a method further comprising the step of causing the first clinicians device to relay the signal to a charge clinician (column 9, line 65 through column 10, line 2).

In regard to claim 43 (Currently Amended), Reuss and Dempsey teach a method of claim 37. Reuss teaches a method further comprising the step of checking preconditions prior to causing the first clinicians device to relay the signal to the first clinician's device (column 3, lines 35 – 44).

In regard to claim 44 (Original), Reuss and Dempsey teach a method of claim 43. Reuss teaches a method wherein the step of checking preconditions comprises at least one of the steps of:

- associating the patient with a medical device (column 4, lines 15 – 21);
- associating the patient with a clinician and identifying the clinician as a first clinician (column 4, lines 15 – 21);
- associating the first clinician with a clinician's device (column 5, lines 14 – 17); and,
- establishing a relationship between the patient, the medical device, the first clinician and the first clinician's device (column 5, lines 25 – 32).

In regard to claim 45 (Original), Reuss and Dempsey teach a method of claim 37. Reuss teaches a method further comprising the step of providing for a charge clinician to enable the escalation process (column 5, lines 56 – 63).

In regard to claim 46 (Previously Presented), Reuss and Dempsey teach a method of claim 37.

Dempsey teaches a method further comprising the step of providing for a second clinician different from the first clinician to disable the escalation process (column 6, lines 49 – 65; column 11, 31 through column 12, line 11; and column 13, lines 14 – 36).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10 and incorporated herein.

In regard to claim 47 (Currently Amended), Reuss and Dempsey teach a method of claim 37. Reuss teaches a method further comprising the step of causing the first clinicians device to check preconditions prior to transmitting the signal to the second clinician's device (column 3, lines 35 – 44).

In regard to claim 48 (Currently Amended), Reuss and Dempsey teach a method of claim 47. Reuss teaches a method wherein the step of causing the first clinicians device to check preconditions comprises the step of determining if the second clinician is assigned (column 5, lines 59 - 63).

In regard to claim 49 (Currently Amended), Reuss and Dempsey teach a method of claim 37.

Dempsey teaches a method further comprising the step of terminating the signal relating to the alarm or alert condition to the first and second clinician's devices after the alarm or alert condition is cleared (Figure 8 and column 13, lines 14 – 23).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10 and incorporated herein.

In regard to claim 50 (Original), Reuss and Dempsey teach a method of claim 37. Reuss teaches a method wherein the step of indicating the alarm or alert condition on the clinician's device comprises providing for setting an audible alarm (column 8, lines 61 – 62).

In regard to claim 51 (Original), Reuss and Dempsey teach a method of claim 50.

Dempsey teaches a method further comprising the step of silencing the audible alarm when an acknowledgment is received from the clinician's device (column 13, lines 14 – 23) where clearing the alarm can be interpreted as a form of silencing the alarm.

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10 and incorporated herein.

In regard to claim 52 (Currently Amended), Reuss and Dempsey teach a method of claim 37.

Dempsey teaches a method further comprising the step of causing the first clinicians device to terminate the escalation process for the specific alarm or alert condition after the condition is cleared at a medical device exhibiting the alarm or alert condition (column 13, lines 14 – 23).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10, and incorporated herein.

In regard to claim 53 (Currently Amended), Reuss teaches a system for escalating an alarm or alert condition, comprising:

a medical device having an alarm/alert module that identifies the existence of at least one of an alarm or alert condition related to a specific patient (column 15, lines 28 – 40);

a processor having software that receives a signal from the alarm/alert module relating to the alarm or alert condition (column 15, lines 41 – 47), determines if a first clinician's device is active (claim 23) and sends an alarm or alert condition to the first clinician's device if the first clinician's device is active (column 16, lines 58 - 61),

the first clinician's device having a receiver that receives the alarm or alert condition signal from the processor, the first clinician's device further having a display to display text or an icon representative of the alarm/alert condition signal (column 15, lines 31 – 40)

wherein the processor: (i) escalates the alarm or alert condition signal if no response to the alarm or alert condition signal is received from either an input device at the first clinician's device or an input device

at the medical device within the timer limit (column 15, lines 31 – 40), and (ii) simultaneously transmits the signal to a second clinician's device (column 15, line 66 through column 16, line 14).

Dempsey teaches a system comprising: the specific patient's name on a list interface which contains a list of all patients (column 8, lines 47 – 61), including the specific patient (column 7, lines 6 – 19), for which signals relating to alarm or alert conditions have been sent to the first clinician's device (column 7, lines 48 – 62) and alarm or alert icons related to each respective patient on the list (column 5, lines 5 – 17), wherein each patient name and corresponding icon is a hyperlink to a respective pump alarm details interface screen (column 6, lines 20 – 34 and column 7, lines 6 – 19), and a speaker to provide an audible alarm or alert representative of the received alarm/alert condition signal (column 7, lines 20 – 27 and column 8, lines 61 – 62); the processor further having a timer module that sets a timer limit (Figure 8 and column 13, lines 13 – 14).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 54 (Original), Reuss and Dempsey teach a system of claim 53. Reuss teaches a system wherein the receiver on the first clinician's device is a wireless receiver (column 16, lines 35 – 44).

In regard to claim 55 (Original), Reuss and Dempsey teach a system of claim 53. Reuss teaches a system wherein the processor has a memory, the memory storing preconditions (column 15, lines 41 – 47).

In regard to claim 56 (Original), Reuss and Dempsey teach a system of claim 53. Reuss teaches a system wherein the preconditions comprise at least one of a clinician and a patient association (column 4, lines 15 -21), an association for the patient and a medical device (column 4, lines 15 -21), an association for the clinician and the clinician's device (column 5, lines 14 –17).

In regard to claim 57 (Original), Reuss and Dempsey teach a system of claim 53. Reuss teaches a system further comprising a transmitter that sends the alarm or alert condition signal from the processor to the receiver of the first clinician's device (column 4, lines 55 – 60).

In regard to claim 58 (Original), Reuss and Dempsey teach a system of claim 53. Reuss teaches a system wherein the transmitter sends the alarm or alert condition signal to from the processor to a second clinician's device when no response to the alarm or alert condition signal is received from either an input device at the first clinician's device or an input device at the medical device within the timer limit (column 9, line 65 through column 10, line 5).

Response to Arguments

8. Applicant's arguments filed September 10, 2009 have been fully considered but they are not persuasive. Applicant's arguments will be addressed herein below in the order in which they appear in the response filed September 10, 2009.

In response to the Applicant's argument, it is respectfully submitted that the Examiner has applied new passages and new citations to the amended claims. The Examiner notes that the amended limitations were not in the previously pending claims; as such, Applicant's remarks with the regard to the application of Reuss and Dempsey are addressed in the above Office Action.

Conclusion

9. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action

is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can normally be reached on Monday to Thursday 6:30 am to 4 pm Eastern Time.

10. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on 571-272-6787. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

KKR

/Robert Morgan/
Primary Examiner, Art Unit 3626